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ABSTRACT

Although rural Texas residents have some access to medical care, it is often limited by poverty, lack of health insurance or coverage under public programs, cultural barriers, racial discrimination, and limited education. It is inaccurate to say that rural residents receive health care if health is defined in terms of environmental, physical, mental, and social factors. However, few things are of as much concern to rural Texans as access to health care. There are more accidents in rural areas than in urban areas. Rural residents have more days of disability and more chronic illness than their urban counterparts. Rural living produces drug abuse, child abuse, battered wives, depression, and teenage pregnancy just as frequently as urban living. In addition, rural Texans are less educated, poorer, and die sooner than urban Texans. Rural areas also have more substandard housing, poor communication and transportation systems, and inadequate sewage and water systems than do urban areas. The population of rural Texas, 21% of the state's population, increased by 6% during the 1970's; the increase is expected to accelerate in the 1980's. The report presents statistics on: poverty; the elderly; children; education; environmental factors; transportation; alcoholism and drug abuse; crime; and health status, facilities, and manpower. (Author/CM)

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RURAL HEALTH CARE IN TEXAS: THE FACTS-1980

There exists in the minds of urban Texans the myth that rural life is especially healthy. In fact, the mental and physical health of rural Texans is markedly worse than that of urban Texans. If health is defined in terms of environmental, physical, mental, and social factors, it is inaccurate to say that rural residents are receiving health care. Rural residents do have some assess to medical care, but even this is often limited by poverty, lack of health insurance or coverage under public programs, cultural barriers, racial discrimination, and limited education. Yet, few things are of as much concern to rural Texans as access to health care.

Rural communities are considered to be places where the air is clean, the sky is blue and the value systems are something to be envied. However, rural Texas is not the land of sugarplums and gumdrops. Statistics show that accidents are higher in rural areas than in urban areas. Rural residents experience more days of disability and more chronic illness than their urban counterparts. Rural living produces drug abuse, child abuse, battered wives, depression and teenage pregnancy just as frequently as urban living. In addition, rural Texans are less educated, poorer, and die sooner than urban Texans. Rounding out this gloomy picture are substandard housing, poor communication and transportation systems, and inadequate sewage and water systems.

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The population of rural Texas, after a decade of decreasing, has increased by 6% during the 1970's. This increase is expected to accelerate in the 1980's. Twenty-one percent of the population of Texas is rural.* The rural population of Texas is larger than the combined total populations of Alaska, Delaware, Nevada, Vermont, and Wyoming. Texas has 254 counties; 201 of these counties are nonmetropolitan.** Twenty-one percent of the population of this state lives on eighty percent of the land.[8]

Poverty

Data from 1975 suggest an overall poverty rate of 15.2% for Texas. When broken down into metropolitan/nonmetropolitan, we find poverty rates of 20.3% for nonmetropolitan and 13.4% for metropolitan Texas.[1]

A national study states that members of minority groups and the low income segment of our population have higher rates of infant and maternal deaths; higher rates of death due to chirrosis of the liver; a higher prevalence rate of mental retardation and higher rates of death for females than do whites.[2]

Almost one-third of all poor adults in Texas in 1970 were unemployed.[3] Many of these individuals' annual earnings are not sufficient to raise them above the poverty level.[2]

Two-parent families comprise 70% of the rural poor.[4]

Rural Texans account for 28.2% of the state's total Medicaid recipients.[5]

15.6% or 2,131 of the Medicaid physician providers in Texas are located in nonmetropolitan areas of the state.[6]

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* In this fact sheet, the definition of "rural" varies depending on the source of information, but refers to a population group smaller than nonmetropolitan.

** "Nonmetropolitan is designated as all farms, open countryside, and places of less than 50,000 residents outside Standard Metropolitan Statistical Areas (SMSA)."

Poverty (continued)

Data from 1970 suggest that poverty rates for rural Blacks in Texas are 54%, as compared with 36% for urban Blacks.[7]

The poverty rate for rural Mexican-Americans in Texas is 50%, as compared with 33% for urban Mexican-Americans.[7]

Poverty of Whites was 16% in rural areas as compared with 9% in urban areas.[7]

Per capita income for residents in nonmetropolitan areas was $9,984 as compared with $13,839 for metropolitan residents in 1975.[8]

Elderly

Population projections suggest that by the end of 1980 there will be 1,425,326 people 65 years or older living in Texas. This is 10.2% of the total projected population.[9]

34% of the state's elderly population reside in nonmetropolitan counties across the state.[9]

32% of the 1,251,129 Medicare enrollees 65 years and older live in nonmetropolitan Texas.[10]

27% of the total Medicare enrollees reside in rural counties which are now designated as medically underserved.[11]

The median income for families headed by persons over age 65 tends to be less than one half of the median income for families headed by persons under the age of 65.[12]

In a study done by the Nursing Home Task Force in 1978, there were reported to be 80,105 Texans in convalescent nursing homes; 4% of these were in custodial care. At that time, women residents out-numbered men 2 or 3 to 1 and 70% were over the age of 79. Other findings were:

-68% of nursing home residents have family incomes less than $3,000 and 22% have no incomes.

-At least 60% of the residents in long term care facilities use public funds (Medicaid, Medicare or other public assistance).

-Medicaid recepients in Texas nursing homes were 85% White, 9% Black, and 6% Mexican-American.[14]

Elderly (continued)

As of August, 1978, there were 97 counties in Texas where nutrition projects serving meals to the elderly were nonexistant. All of these counties were nonmetropolitan.[13]

The incidence of poverty for the elderly is 29.8%.[13]

Elderly patients constitute almost ¼ of the physician's caseload in Texas.[13]

Children

Children, age 0-14, make up a large proportion of the Texas population. Projected population figures for 1980 suggest that 28% of Texas' total population will fall within this age group.[9]

18.2% of the state's total children live in nonmetropolitan areas.[9]

Children make up the largest single age group within the poverty population. Statistics from 1975 suggest that children have a 21.6% incidence of poverty.[1]

According to the Department of Health and Human Services, (DHHS) poor children visit a physician less than ½ as many times as other children.[15]

Throughout Texas there are reported to be 190,000 children in migrant families.[16]

In a study done in May of 1979, there were 34 counties in Texas without a juvenile probation department.[16]

Approximately 20% of the referrals to the Department of Human Resources for neglect of children in 1978 can be traced to rural counties.[16]

94 of Texas nonmetropolitan counties or 47%, have no public maternity or family planning service.[17]

A recent nationwide study suggests that in 1977 the number of lifetime births expected by married women of Spanish-origin 35-39 years of age was 23% more than expected by married white women in that age group.[18]

21% of the 1979 births occurring to Texas women who were less than 15 but not yet 20 years old were recorded in nonmetropolitan Texas.[23]

Children (continued)

The maternal death rate for all of Texas in 1978 was 11.8 per 100,000 live births. When broken down into metropolitan/nonmetropolitan we find 15.5 maternal deaths per 100,000 live births in nonmetropolitan Texas as compared to 10.96 maternal deaths in metropolitan Texas. If these figures are further catagorized as to race, we find the following pattern:

-Black women in nonmetropolitan Texas had a maternal death rate of 61 per 100,000 live births as compared to 20.1 for Black women in metropolitan Texas.

-Spanish speaking women in nonmetropolitan Texas had a maternal death rate of 14.7 as compared to 9.0 for Spanish speaking women in metropolitan areas of the state.

-Maternal death rates for White women in metropolitan Texas is 9.4 as compared with 7.5 maternal deaths for nonmetropolitan Whites.[20]

One in every four babies born in Texas has a low birth weight, which is 20% higher than the national average.[21]

In 1979, there were 14.1 deaths to Texas nonmetropolitan infants under 1 year of age per 1,000 live births as compared to 12.6 metropolitan infants deaths per 1,000 live births.[22]

Education

Out of 1,100 school districts in Texas, 482 are considered rural school districts.[24]

33% of nonmetropolitan residents over 25 years of age have less than a nine year education, as opposed to 26% of those 25 and older in metropolitan Texas.[25]

A national study done in 1977 sites the principal factor associated with school drop-out behavior is enrollment below age level. This is particularly relevant for Mexican-American students where at the age of 17, only 53.9% are in the eleventh grade.[26] This is in direct contrast to 76% for Whites and 61% for Blacks.

62% of Mexican American residents in Texas 25 years and older had less than a nine year education.[25]

Environmental Factors

Water. Of the 550 water systems noncompliant with the maximum levels of contaminant established by the Safe Drinking Water Act, 189 serve communities with populations below 100; another 178 serve communities of between 100 and 500 persons.[26]

Throughout Texas there are 60 community water systems which are noncompliant in levels of nitrates. Fifty of these systems are in communities with populations of less than 1,000.[27]

Of the 449 water systems that are noncompliant with standard flouride levels, 90% are systems which serve communitites of 1,000 or less.[27]

According to a Texas Department of Health spokesman, there is a high probability that many of the private well water systems, characteristic of rural and farm households in Texas, are contaminated because of improper construction.[27]

Housing. There is a tendency for units occupied by rural households to be in poorer structural condition, in general, than units occupied by urban households. Occupied substandard units average 7.0% of all occupied units in Standard Metropolitan Statistical Area, (SMSA) counties, compared to 16.5% in non-SMSA counties.[28]

In 1970, 43% of the owner occupied housing units which were considered substandard and overcrowded (1.01 or more people per room) were located in non-SMSA counties across Texas.[29]

A large part of the substandard housing in non-metropolitan Texas is located in the Eastern and Southeastern portions of the State.[28]

80% of the migrant and farm worker housing in the Lower Valley was inadequate and structurally substandard.[28]

Transportation

In a study published in December of 1977, 87 Texas counties (all outside of metropolitan areas) or 33% of the total number of Texas counties were listed as severely disadvantaged in their transportation systems.[30]

Rural transportation in Texas is strongly characterized by a reliance on personal, private transportation such as the automobile and truck.[31]

Nationally, 38% of the people with incomes below $7,500 do not own automobiles. Two-thirds of the automobiles owned by poverty households are over six years old. Twenty percent of these automobiles are considered unsafe to drive and 40% are uninsured.[30, 30A]

Transportation (continued)

A study done in January of 1977 identified 279 transportation providers in the nonmetropolitan counties of the state. Response to a survey of that period showed the existence of 632 leased and/or staff cars, 120 mini-buses, and 122 taxi cabs to serve some of the transportation needs of rural Texans.[32]

National data suggest that 38.4% of the households headed by one who is 65 or older do not have cars.[33]

As of August 1978 there were 35 counties in Texas which did not have at least one van or bus in use as a Special Transportation for the elderly. All but two of these were nonmetropolitan.[13]

As of April 1980, there were 6 counties in Texas without an ambulance service. All of these counties are nonmetropolitan: Henderson, Kennedy, King, Loving, Roberts and San Jacinto.[34]

62% of the metropolitan counties have Advanced Life Support personnel on their Emergency Medical Service (EMS) team, as compared with only 16% of the nonmetropolitan counties.[34]

Health Status

According to 1979 figures, the death rate in nonmetropolitan counties in Texas was 11.2 as compared to 7.2 in metropolitan counties.[35]

The following causes of death were more prominent in nonmetropolitan areas of the state than in metropolitan:

-T.B. death rate in nonmetropolitan counties was 24% higher than in metropolitan counties.

-Cerebrovascular disease death rate for nonmetropolitan counties was 86% higher than in metropolitan counties.

-Pneumonia and influenza death rates for non-metropolitan counties were 60% higher than in metropolitan counties.

-Motor vehicle deaths in nonmetropolitan counties accounted for 50% more deaths than in metropolitan counties.[35]

According to the Texas Public School Immunization Report for the 1979-1980 school year, the Department of Health shows that: Cochran County is below 90% immunization level for Diptheria-Tetanus protection. Also under 90% immunization level is Pecos County for measles protection and Hartley County for Rubella protection. All of these counties are nonmetropolitan.[36]

Health Status (continued)

The average life expectancy of a migrant laborer is 49 years old. The reasons for this become more clear when comparing morbidity rates for high and low socio-economic groups in Pharr, Texas in which almost all of the low Social Economic Status (SES) group is composed of migrants. Per 100,000 population, the following is true in Pharr:

	Low SES	High SES
Tuberculosis	91.5	28.2
Strep Throat and Scarlet Fever	1,496.6	296.4
Ambiesas, Salmonellosis and Shingellosis	68.6	0.0
Hepatitis	124.4	56.3

According to one 1979 report, the reported cases of endemic typhus increased substatially from 33 cases in 1979 to 59 cases in 1979. The greatest number of these cases (90%) can be traced to the nine county region in the lower Rio Grande Valley.[38]

Reported cases of typhoid fever in Texas residents increased 67.5% from 40 cases in 1978 to 67 cases in 1979.[38]

In March of 1979, 1,195 cases of rabies were confirmed in Texas, 56% occured in nonmetropolitan areas of Texas.[39]

10.7% of veneral diseases occurring throughout the state were reported from nonmetropolitan counties.[39]

Mental Health

17% of Texas suicides in 1979 were in nonmetropolitan counties.[35]

26% of the admissions to state schools for the mentally retarded were from nonmetropolitan areas of the state.[40]

29% of those being admitted to state mental health facilities for thirty-one days to no more than one year were from nonmetropolitan counties.[40]

Nonmetropolitan counties also accounted for 35% of those patients who remained hospitalized for one to five years, and for 42% of those who were hospitalized for over five years.[40]

Figures also show that 24% of the 18-24 year olds admitted to state mental health facilities were from nonmetropolitan counties. This figure steadily increases with each age group until age 65 and older, when 44% of the admissions are found to be from nonmetropolitan Texas.[40]

Alcoholism and Drug Abuse

The 1980-81 State Plan of the Texas Commission on Alcoholism has estimated that 788,277 persons, aged 13 and over, are problem drinkers.[42]

At least 10 of the 24 planning regions of the Commission on Alcoholism consider expansion of services to rural areas a necessity for the coming year. It is suggested that the distance and time necessary for travel to specialized service sites significantly reduces the amount of services rendered to rural alcoholics.[42]

The following findings are from a study made on the seven county area of the Brazos Valley:

-By age 12, 50-70% of all youth in the Brazos Valley have experienced one or more of the drugs frequently utilized socially by their parents and other adults, (i.e. beer, wine, liquor and tobacco).

-Mexican-American adolescent alcohol use patterns suggest higher involvements than Blacks and Whites with beer. The Mexican-Americans not only use more but begin their use at earlier ages than Blacks and Whites in this sample.

-For most drugs, rural youths generally report earlier experiences than urban youths.

-Deliquency is clearly related to the drinking of alcohol. This holds true for urban/rural residents of either sex, however, the deliquency-drinking association is strongest in rural areas and most pronounced among rural females.

-Regular alcohol use is most strongly related to delinquency among white youths. Among Blacks the connection between these behaviors is weaker, and among Mexican-Americans it is nonexistent.[43]

There is more abuse, of prescription drugs in rural areas than urban areas.[44]

Rural youths are more likely to deal dope for money than urban youths.[44]

Crime

Data for 1979 reflects that nonmetropolitan counties reported:

-13% of the murders
-17% of the assaults
-10% of the burglaries
- 7% of the rapes
- 4% of the robberies.[45]

Health and Medical Facilities

According to the Texas Hospital Association, there are presently 504 hospitals in Texas.[46]

47% of Texas hospitals have 50 beds or less, and have an average occupancy of 57%.[47]

There are 31 counties in Texas without a hospital. All of these are nonmetropolitan.[46] (see map 1)

42% of the state's nursing homes are located in rural areas.[48]

There are 32 counties in Texas without a nursing home. All of these counties are nonmetropolitan.[48] (see map 1)

The Texas Department of Mental Health and Mental Retardation operates ten outpatient facilities for the mentally ill and thirteen state schools for the mentally retarded.[41]

Fiscal Year 1980 indicates that 30 community mental health centers are operational across the state. According to a Texas Research League study, there are 120 counties which fall outside of a community mental health center catchment area. At least 95% of these counties are nonmetropolitan. These counties show a significantly higher rate of state hospital admissions than those counties within a catchment area.[41]

Of the 254 counties in Texas, only 57 provide some type of public or private community residential services for the mentally ill. Only six of the 30 community mental health centers furnish beds specifically for respite care for the mentally retarded.[41] Most of the counties receiving these services are metropolitan.

Federal Health Designations

As of December 31, 1979 the U.S. Department of Health and Human Services has designated 175 Texas counties as medically underserved areas.[49] (see map 2)

53 Texas counties are designated as health manpower shortage areas for primary medical care.[49] (see map 3)

Health manpower shortage areas for dental manpower were noted in 30 Texas counties.[49]

31 nonmetropolitan counties were designated as areas with high infant mortality rates. Only 21 metropolitan counties were so designated.[49] (see map 4)

Throughout Texas, DHHS designated 19 nonmetropolitan counties as areas of high migrant impact.[49] (see map 4)

Health Manpower

Physicians. Data for August 1980 reflects that there are 21,200 physicians providing direct patient care in Texas.[50] Of this total 8,502 or 40% are calssified as primary care providers.

51% (or 4,357) of the primary care physicians are located in the metropolitan areas of San Antonio, Dallas-Fort Worth and Houston.[50]

15% of the primary care physicians are located in counties of 49,999 or less.[50]

90% of Texas specialists practice in counties of 5,000 or more as compared with 10% in counties of 49,999 or less.[50]

In Texas for 1980 there are an estimated 656 people for every 1 physician. For metropolitan Texas there is one doctor for every 578 people while in nonmetropolitan Texas there is one doctor for every 1,413 people.[51]

Of the 86 doctors completing the three year Family Practice Residency program in Texas in 1978-79, 16% located out of state, 50% located in Texas in towns of 49,999 or less, and 24% located in areas of 50,000 or more. Approximately 10% are not practicing in Texas for various reasons (military, missionary, etc.)[52]

Dentists. Reports show that 5,419 dentists are practicing in Texas. Of these, 14% are located in metropolitan areas. Nonmetropolitan dentists serve an average population of 3,384 people as compared with 2,237 persons per dentist in the urban areas of Texas.[53]

As of July 1980 there were 43 counties in Texas without a primary dental practice. Of this total, 41 are nonmetropolitan counties.[54] (see map 5)

A December 1978 publication suggests that Americans living in cities and suburbs are more likely to have their own teeth than those living in rural areas.[55]

By the time children reach 17 years of age, more than one-third have lost one or more permanent teeth, by middle age, the average person is missing eleven teeth. Among the elderly, nearly ½ are edentulous.[56]

Nurses. 26% of all Texas licensed vocational nurses are practicing full time in rural areas. Many of these nurses, however, are found in nursing homes rather than in hospitals, clinics or doctors' offices.[57]

15% of the 43,388 active registered nurses are providing care in nonmetropolitan areas of Texas.[58]

In rural areas there is one R.N. for every 419 persons. This is in contrast to the urban ratio of one nurse for every 302 persons.[58]

Health Manpower (continued)

Seven counties in Texas are reported to have non active full-time registered nurse.[58] (see map 6)

Pharmacists. According to the Texas State Board of Pharmacy, there are 3,900 licensed pharmacies operating in Texas and 9,794 pharmacists are currently licensed and residing in the state.[59]

There are presently 14 counties throughout Texas that do not have an active pharmacist.[59] (see map 6)

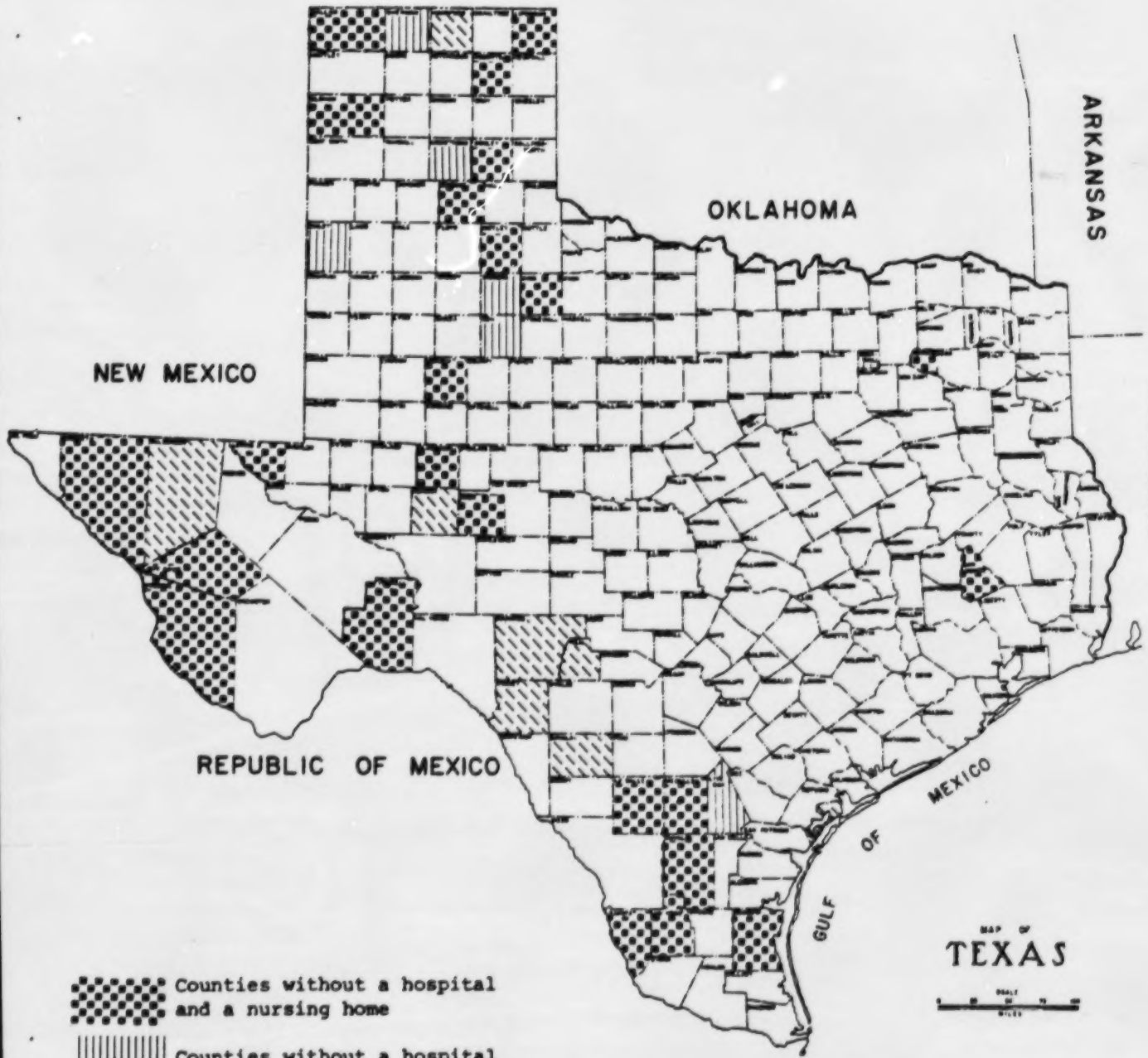
Physician Assistants and Nurse Practitioners. As of November of 1980, there were 236 physician assistants registered in Texas. Sixty-one of these physician assistants are practicing in nonurbanized areas.[60]

According to one study done in May of 1980, there were 428 nurse practitioners identified in Texas.[61]

Map 1

COUNTIES IN TEXAS WITHOUT HOSPITALS

AND/OR NURSING HOMES



Source: Texas Department of Health, Austin, Texas, January, 1980;
Texas Hospital Association, Austin, Texas, March 1980 and
Texas Nursing Home Association, Austin, Texas, August 1980.

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Map 2

NONMETROPOLITAN MEDICALLY UNDERSERVED COUNTIES IN TEXAS

Source: Regional Office of the U.S. Department of Health and Human Services, Dallas, Texas, December, 1979.

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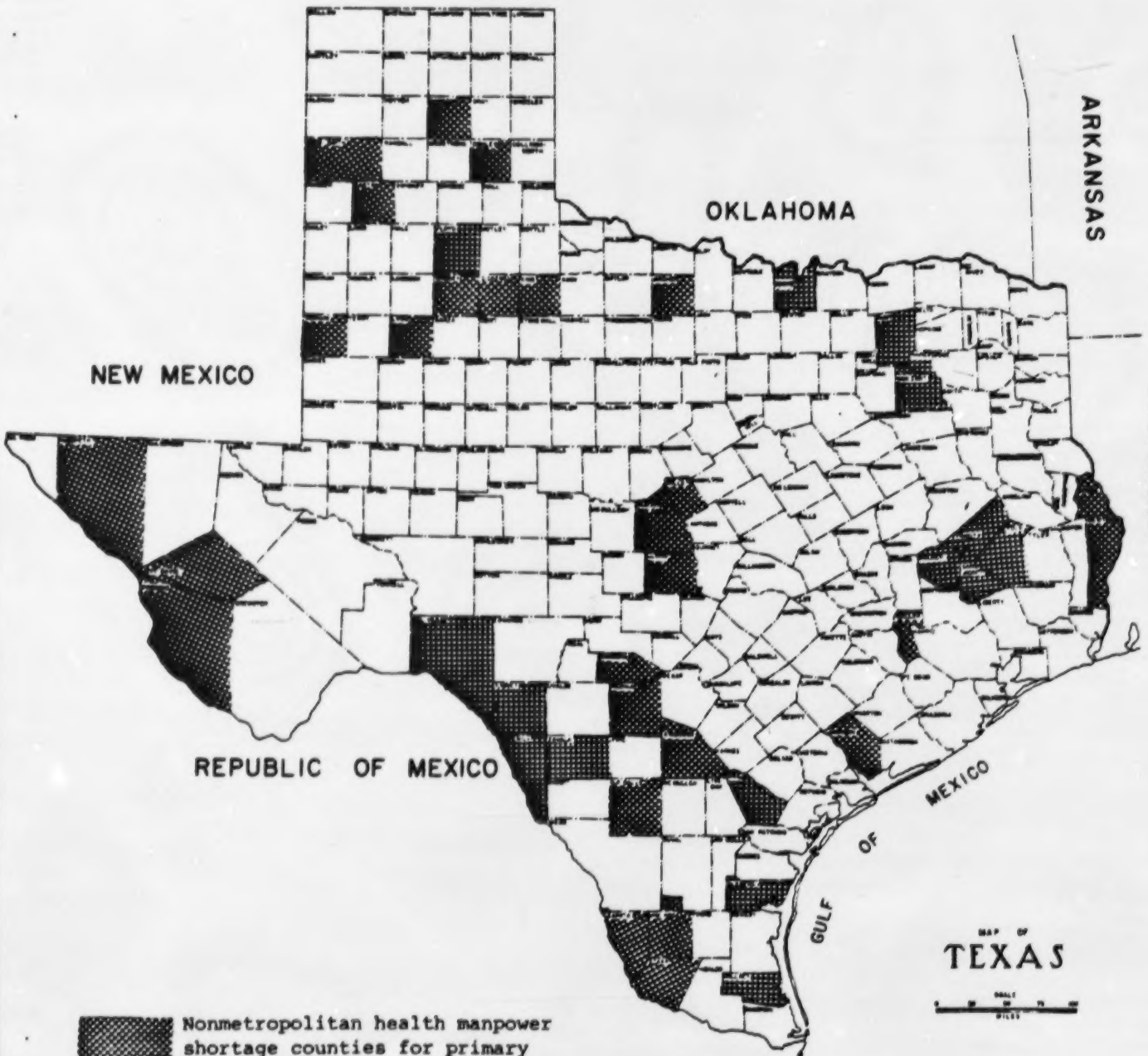
Map 3

NONMETROPOLITAN COUNTIES IN TEXAS DESIGNATED AS

HEALTH MANPOWER SHORTAGE AREAS FOR PRIMARY MEDICAL MANPOWER



Source: Regional Office of the U.S. Department of Health and Human Services, Dallas, Texas, December, 1979.

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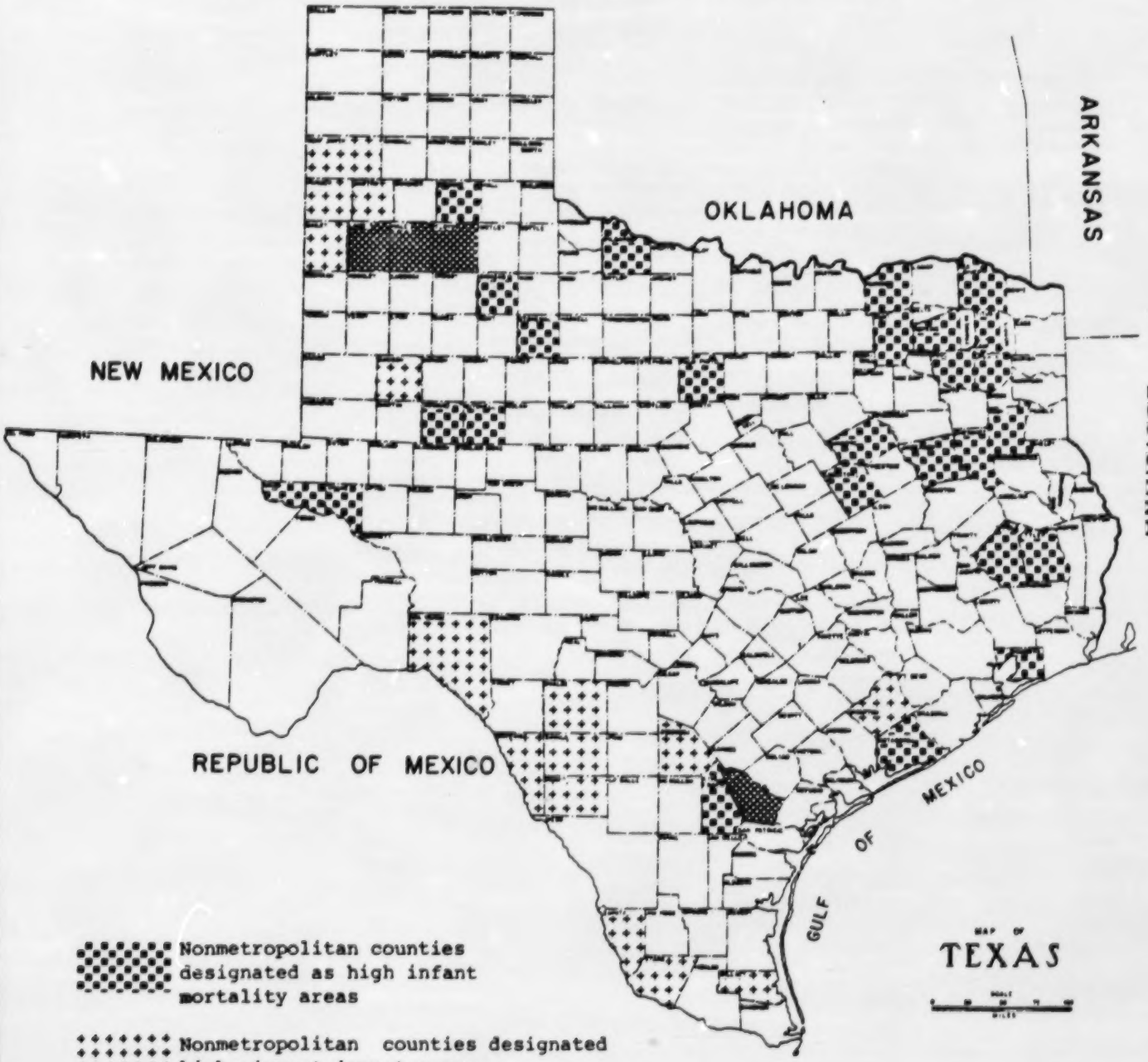
Map 4

NONMETROPOLITAN COUNTIES IN TEXAS DESIGNATED AS HIGH INFANT MORTALITY AREAS AND/OR HIGH MIGRANT IMPACT AREAS


OKLAHOMA
ARKANSAS
NEW MEXICO
LOUISIANA
REPUBLIC OF MEXICO
GULF OF MEXICO
MAP OF TEXAS
Nonmetropolitan counties designated as high infant mortality areas
Nonmetropolitan counties designated high migrant impact areas
Nonmetropolitan counties designated as high infant mortality and high migrant impact areas

Source: Regional Office of the U.S. Department of Health and Human Services, Dallas, Texas, December, 1979.

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Map 5

NONMETROPOLITAN COUNTIES IN TEXAS

WITHOUT A DENTIST

Source: Board of Dental Examiners, Austin, Texas, July, 1980.

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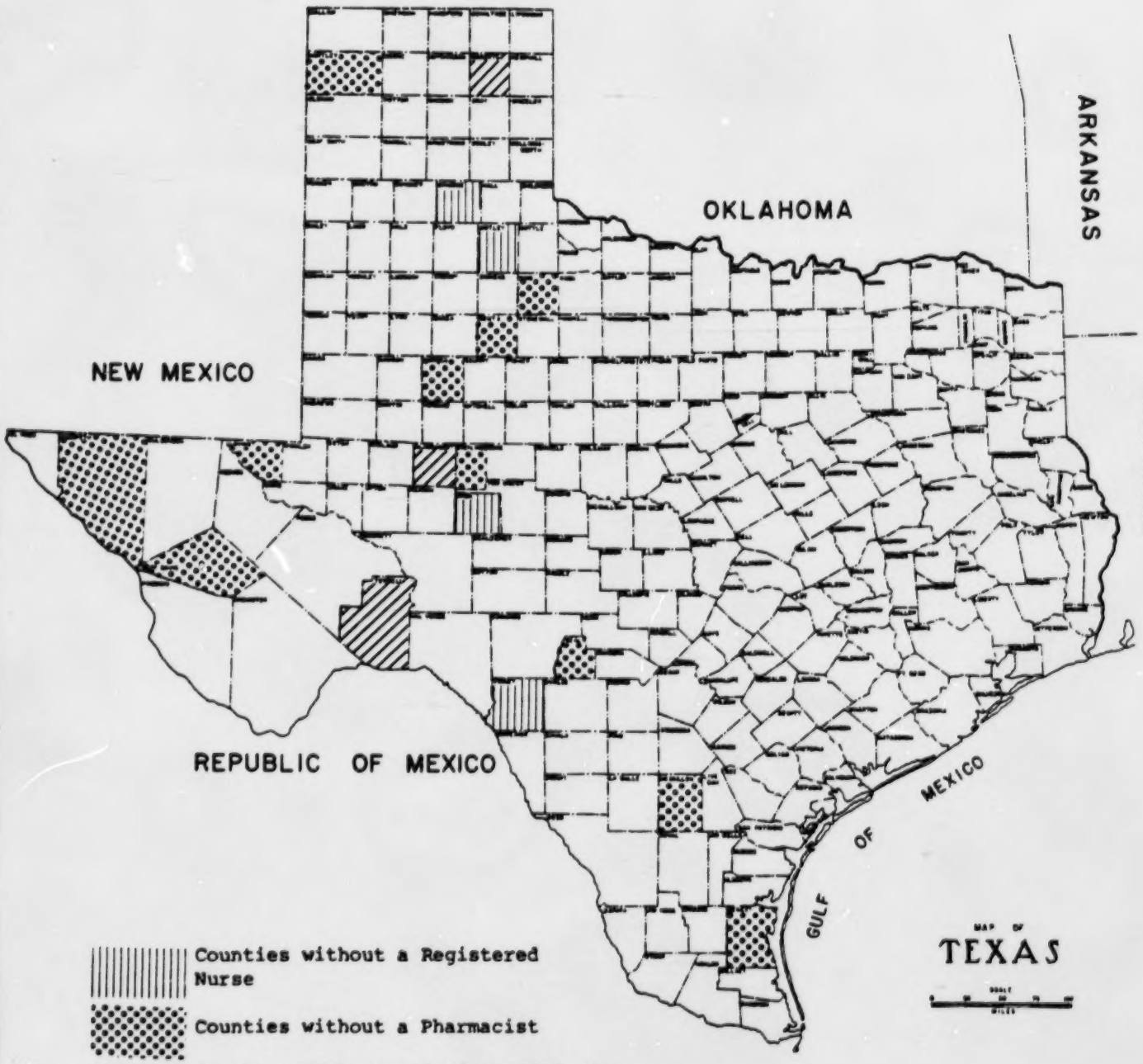
Map 6

COUNTIES IN TEXAS WITHOUT A

PHARMACIST AND/OR REGISTERED NURSE



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